

# COVID-19 GUIDANCE FOR CHILD WELFARE VISITS

March 20, 2020

## Guidance on Child, Family and Facility Contact During the COVID-19 Public Health Emergency

### Introduction

Nebraska Department of Health and Human Services (DHHS) and the Division of Children and Family Services (DFS) is committed to supporting the children and families in our communities, and to keeping our workforce safe and healthy. Protection and safety for CFS and our partner providers are essential as we served some of the most vulnerable individuals and families. Generally, there is no substitute for seeing children and families in person. But given the current COVID-19 pandemic, it is necessary and prudent to balance the need to see children and families in person with the use of distance visits in circumstances where it is a better option to protect the health of our workforce and the children in the community.

CFS is providing this guidance to remain in effect until new guidance is released or until the end of the public health emergency. This guidance is released on 3/20/2020 and is effective immediately.

### Background

COVID-19 is a respiratory illness caused by a novel coronavirus that has been spreading worldwide. We are gaining more understanding of COVID-19's epidemiology, clinical course, and other factors as time progresses, and the situation is changing daily. DHHS is in the process of monitoring COVID-19, providing guidance on testing with local and federal partners, and providing resources to prevent, detect and respond to cases of COVID-19 in Nebraska.

At this time, DHHS is identifying more positive cases of COVID-19. Counties, agencies, and programs should prepare for possible impacts of COVID-19 and take precautions to prevent the spread of COVID-19 and other infectious diseases.

The purpose of this memo is to provide guidance to CFS staff and providers in the difficult task of deciding which cases demand in-person contact and for which cases contact can be made through technology. All programs should have a plan for what they can do in the event COVID-19 becomes widespread in the community. The goals for your plan should be to reduce the spread of acute respiratory illnesses and minimize the impact of COVID-19 among your children, families, and staff.

This guidance is also intended to help prevent the transmission of COVID-19 within facilities, out-of-home care settings, families we serve, and within the CFS and provider workforce. Please continue to check back on our website for additional [guidance](#) in the upcoming days.

## Guiding Principles

The following guiding principles surround our effort to provide information related to our child welfare system requirements given the current public health emergency faced by our communities:

- Child safety is the top priority of the child welfare system.
- If child welfare workers are unable to react in times of emergency due to exposure to COVID-19, more children could be at risk of harm.
- We need to balance the key priorities of assessing and ensuring child safety while keeping our workforce healthy and available to respond to emergency child abuse and neglect situations.
- Maintaining family connections is key and can be met through video conferencing and other virtual means for short periods when necessary, but the focus on face-to-face will return as soon as possible.

## Guidance

At this time, face-to-face contacts related to children and families of children in out-of-home care and Bridge to Independence (B2I) young adults can be completed using technology (such as Skype, FaceTime, Zoom, etc.), assuming the child/young adult is considered to be in a safe setting.

This includes:

- regularly scheduled monthly contacts between caseworkers and children in out-of-home care,
- contact between caseworkers and families of children in out-of-home care,
- family interaction between children in out-of-home care and their families, \*\*
- family interaction between siblings in out-of-home care, \*\*
- caseworker visits with families with no known active danger threats within the placement home,
- contacts by child-placing agency workers serving agency-supported foster care with children placed in a home licensed by the child-placing agency,
- regularly scheduled monthly contacts between B2I staff and young adults,
- approving B2I young adult housing via videoconferencing technology.

Technology is the preferred method of contact in the above situations, assuming the child is considered to be in a safe setting. It is critically important that safety plans continue to be monitored and updated as necessary with the priority of child safety in mind.

**\*\*A notice to the court and legal parties may need to be sent in order to modify face-to-face visitation or other specific visitation orders that would allow for technology based visitation between parents, siblings, and children in out of home care. Please work with DHHS Legal to ensure this occurs as needed.**

Non-safety related contacts between families, children, and caseworkers, both in foster homes and group care, should be done by technology if feasible and safe to do so. The first priority for caseworker contacts should be to connect with the child through means that allow for the most interaction. Video-based visits are strongly encouraged. Use telephone contact in the event that video is not possible. Efforts should be made to speak privately with the child during these contacts, when possible and appropriate. If technology is being used in lieu of in-person caseworker contacts, this must be documented in the NFOCUS contact narrative. Workers are encouraged to meet with the children on their caseloads

more frequently when having contact via technology, and to check in specifically on how the conditions of a placement may have changed or adapted in light of COVID-19.

In an effort to minimize potential spread of COVID-19, visits with parents may also be accomplished by telephone, Skype/video, or other technology. Face-to-face visitation may occur if a relative is willing, able and approved by the case manager to supervise visitation. Screening questions should be asked to ensure that neither the family, the child, nor the supervising relative answer yes to any of the following prior to any face-to-face contact:

1. If anyone in the household is currently sick (fever over 100.4, cough, trouble breathing, sore throat, etc.);
2. If anyone in the household has been in close contact with any person known to have COVID-19 or is under evaluation for COVID-19;
3. If anyone in the household traveled in the last 14 days to a high-risk area for COVID-19 (including any international travel or travel to U.S. communities with community transmission); and
4. If anyone in the family has an underlying health condition.

It is important to note that in-person contact should still be completed when there is concern for the safety of a child in any out-of-home care setting. If a child cannot be made available by phone, or specific concerns about a child's safety in a placement are present, then in-person visits may be necessary to ensure child safety. In this instance, caseworkers and facilities should take every precaution to ensure the health and safety of the other residents in the home or facility and the worker. These may include:

- Meeting outside the home or facility,
- Taking a walk with the child,
- Coordinating across jurisdictions to have one caseworker meet with multiple children if an in-person visit is needed, to limit the number of caseworkers entering a placement, and
- Finding a mutually convenient place to meet in person

**Face-to-face contacts with children and families are still required when there are identified present or impending safety threats, initial contacts on Initial Assessments and Alternative Response, and in-home safety plan related visits.**

Face-to-face contact is still required in the following scenarios:

- CFSS first contact with a child in the course of a new Initial Assessment/Alternative Response to identify present and impending danger/safety threats.
- For families who are conditionally safe and on an active safety plan, it is expected that face-to-face visits with the child and the family happen weekly in accordance with the safety plan, with either the safety provider or CFS staff as needed to assess and assure safety. Agencies may use discretion in determining how to handle other contacts required by the safety plan.
- For placement assessments in out-of-home care where a child safety assessment is needed.
- Walk through for relative/kinship foster homes at initial placement in that home.

Prior to an in-person contact, workers should assess for COVID-19 issues by asking the following screening questions by phone, text or email:

1. If anyone in the household is currently sick (fever over 100.4, cough, trouble breathing, sore throat, etc.);
2. If anyone in the household has been in close contact with anyone known to have COVID-19 or are under evaluation for COVID-19;
3. If anyone in the household traveled in the last 14 days recently to a high-risk area for COVID-19 (including any international travel or travel to US communities with community transmission); and

4. If anyone in the family has an underlying health condition.

Local child welfare agencies, in coordination with their local public health departments, should provide additional guidance to their workers and supervisors to determine how to proceed with the in-person contact, if the above questions indicate possible exposure. Safety and risk of the child and the child welfare worker should be considered in local guidance.

Physical distancing should be practiced in all face-to-face settings, in the office, at the court, etc.

## Court hearings

Please follow court guidance provided by the Supreme Court and your local Court jurisdiction.